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ABSTRACT

Discussed is early identification of children having special educational or developmental needs, with emphasis on the use of screening to identify the potential high risk learner. Terms are defined and criteria to help select a screening instrument are given. The Zeitlin Early Identification Screening (ZEIS) is described as an example of a screening instrument. It is noted that kindergarten screening helps the educator to plan more effectively for each child and is part of the total educational process. A model for early identification programs is used to illustrate the total process. Some possible abuses of the screening process are discussed.
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Symposium: Early Identification Programs for Potential High Risk Learners

USES AND ABUSES OF EARLY IDENTIFICATION PROGRAMS

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USES AND ABUSES OF EARLY IDENTIFICATION PROGRAMS

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Each child has the right to experience some degree of success as he or she grows up and moves through the school system. The early identification of children who have special educational or developmental needs could be the first step toward achieving this goal providing these children can be located. The most severely handicapped children usually are identified at birth or shortly after. Some educationally related problems can be identified by age 2 or 3 by competent professionals. This age range is relatively inaccessible for screening as the parent may not recognize the need for help. As almost all children go to school, kindergarten and prekindergarten early identification programs have the best opportunity to reach the most children. My presentation will focus on this preschool group and the use of screening to identify, within this group, the potential high risk learner. Terms will be defined and criteria given to help select a screening instrument. The Zeitlin Early Identification Screening or ZEIS (Zeitlin 1976) will be described as an example of a screening instrument. A model for an early identification program will be used to illustrate the total process. While screening can be a most effective tool to start the process of helping children to learn more effectively, it also has a potential for abuse. I will discuss some of these possible abuses.

Who are these potential high risk children whom we seek to identify? They are those whom we fear may become school failures. Research and experience illustrate that certain children are high risk learners because of problems of development or experience. These children are least able to meet the expectations of the school unless the teaching/learning expectations are modified. The greatest difficulty - and an emotion packed issue - is determining who the

high risk children are. The Leadership Training Institute in Learning Disabilities, which coordinated the federally-funded Title VI G program, researched this problem and McCarthy and Kirk (1975), members of the Institute reported that an answer had not been found. Different projects described high risk groups as ranging from 5% to 40% of their population and designed their programs accordingly. In the development of the DIAL screening instrument Mardell (1975) statistically defined the high risk child as one who seems to be seriously behind other children of the same age, sex, location and for whom further observation is necessary. She operationally defined this population as the lowest 10% of the screening scores. Hainsworth (1974) says that children entering kindergarten with learning efficiency skills in the lowest 40% or those who refuse testing are children who we should observe further and be prepared to help. He says that 10 to 20% of these children do not have the skills to cope easily and readily with the traditional public school curriculum. While young children vary greatly in their developmental patterns, children at the low end of the continuim almost always require special help to feel successful in school.

Screening is the first step in early identfication. It is a short procedure, a filtering process, to identify those children who might have the characteristics of high risk learners. This risk possibility is then confirmed or rejected by subsequent diagnosis. Diagnosis is more in depth assessment to determine the cause or nature of the problem.

Screening is the first step of a process which is called the screening program. The screening program does something about helping the child to cope with the problems that have been identified. Screening is a technique for educational planning not for prediction.

Screening is a short procedure that should be done individually. Individual administration provides some sense of whether the reason that the child is not responding is because he doesn't know the answer or because he doesn't know what is expected of him. The examiner has the opportunity to observe and comment upon behaviors which cause concern but which may not be part of the objective assessment. For example, the child may articulate poorly or exhibit some other atypical behavior that it is relevant to know more about. With individual administration, the examiner can also pace the interaction in a way which holds the child's attention and can maintain a relatively relaxed atmosphere. Movement of the child should be allowed for and distractions should be held to a minimum.

There are over one thousand instruments which are available for screening and diagnosis of young children, and new ones appear in the literature regularly. These assessment instruments are diverse and there is little common agreement as to their value. They range from standardized group tests such as the Metropolitan Readiness Test to informal observations and checklists with all types of individual tests in between. They may focus on specific areas of development such as language usage, visual motor skills or auditory discrimination, or they may be multidimensional, including several areas of development.

I would like to suggest the following criteria for a screening instrument:

1. It can be administered indivudally in less than one half hour.
2. It is multidimensional and includes several aspects of development.
3. It is non-categorical. This means that, regardless of the reason for the potential learning problem it only identifies potential "high risk" children.
4. The items in the battery are appropriate to the age range to be assessed.
5. The items allow for cultural differences and do not reflect any one culture.

6. The instrument can be scored objectively based on a specific answer or observable behavior, rather than on subjective judgments.

7. Training procedures for examiners are clear and not too complex.

An example of such an instrument is the Zeitlin Early Identification Screening, called the ZEIS.

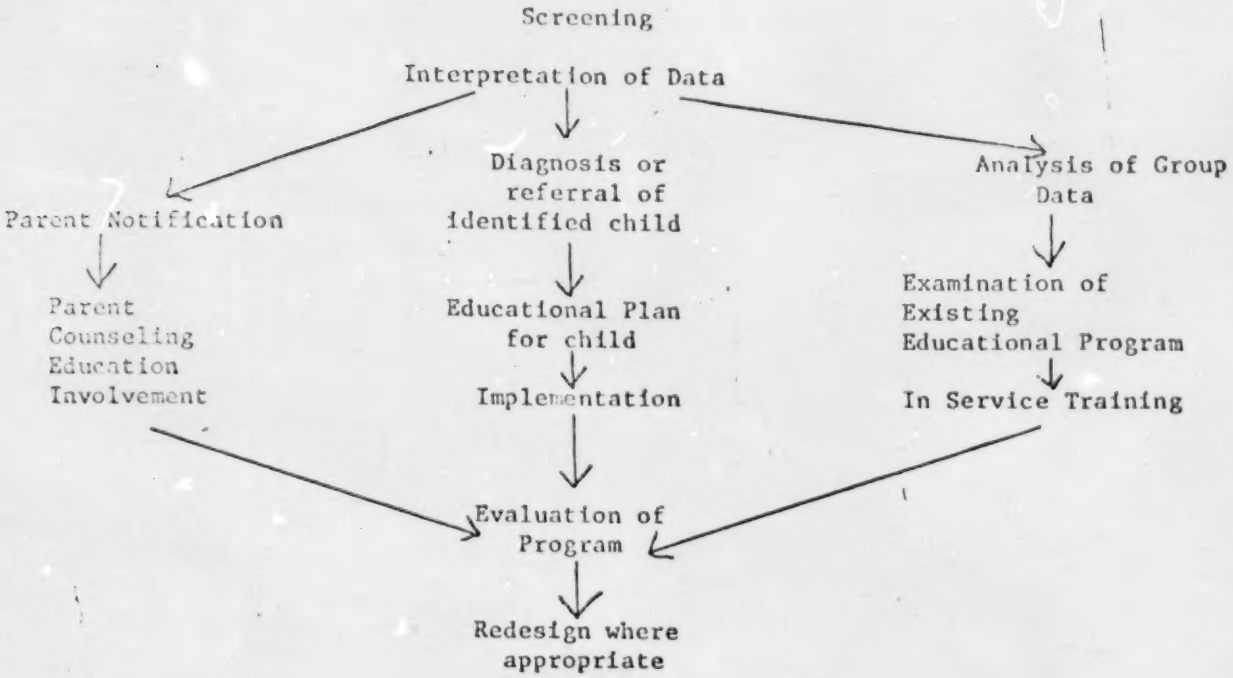
This screening instrument is divided into three parts: verbal, pencil and paper tasks and non verbal performance. The ZEIS is scored on the basis of 100 points to facilitate percentage calculations. There are 12 questions in the instrument which related to language, cognitive development, auditory and visual memory, visual motor development, body image, directionality and laterality. The questions cover the developmental range of three to seven years, with emphasis on four to five year old development. There is a check list for recording relevant observable behaviors such as dependence-independence and speech. While normative data has been developed for the ZEIS, local norms are encouraged. No individual questions is intended to measure the ability it tests but rather is part of an overall indication of the child's development.

(Film of Administration of ZEIS shown)

After screening, effective follow through has a three pronged thrust: diagnosis and the development and implementation of an educational plan for the potential high risk child, involvement of the parents, and the development of more effective programs for all children.

The following model describes such an early identification or screening program.

An Early Identification Program



(Zeitlin 1976)

So far, the discussion has been of proper methods for screening. Unfortunately in many instances, screening has been badly abused. Early Identification programs are often victims of the same forces which create the need for the program in the first place; lack of knowledge, attitudes and values detrimental to children, politics, and lack of money, personnel and resources. Screening can be a negative rather than a positive force when the program incorporates any of the following abuses:

1. Using screening in isolation without any follow through program. Too often, screening is used as if it were an end in itself. When there is not careful planning with specific goals and objectives, the screening may not relate in any planned way to the educational program for the child. This can happen through lack of knowledge and experience or lack of communication between those who initiate the screening and those responsible for the follow through. In some schools screening has been used as a political football or used as part of a power struggle.
2. Using initial screening as diagnosis and making important decisions on a child from too little data, inadequate or inappropriate information, or from a single involvement. In many early identification programs the information gathered at the initial screening is assumed to be adequte to make educational decisions about the child. The results may be placed on a checklist which indicates that a child is deficient in a particular area. Without further investigation the teacher is expected to remediate in that area, or, even worse, a placement affecting the child's future may be made.
3. Using screening to exclude children from entering school when children of the same chronological age are accepted. On the basis of a screening,

some school districts will tell parents that a child is 'not ready' and that they should bring him or her back next year. This can be done because most states do not have mandatory schooling before age 6 or 7.

4. Using screening to impose 'bad' labels which stigmatize children. Labeling is the assigning of a category and publicly communicating it. Hobbs (1975), in the report of the HEW commission studying the issues in classification of children differentiated between 'good' lables and 'bad' labels. Bad labels are those that close doors to the child, that place him in inferior programs and subject him to unpleasant and humiliating experiences and attitudes.
5. Using screening to reinforce and justify existing curriculum centered programs and to explain the failure of the children who are unable to cope with these programs. Screening without follow through is used to predict a child's success or lack of it rather than for educational planning.
6. Using screening to create and implement checklist curriculums. The use of the screening and diagnostic data to develop appropriate curriculum is an art in its infancy. Many programs, often those with long and complex screening, use the collected information, without any subsequent diagnosis to develop a checklist for each child which then becomes the core of the kindergarten curriculum. It is based on the assumption, not supported by research, that a child needs to be proficient in everything. It is a product, not process, approach which develops many splinter skills and cheats the child and the teacher of a meaningful kindergarten experience.
7. Using screening to focus on the weaknesses of a child and ignoring his or her strengths. In emphasizing weakness and remediation rather than identification and utilization of strengths, the response is made only to the problem rather than to the whole child.

8. Not recognizing the impact of cultural differences or bilingualism on the screening process. Failure to recognize the impact of cultural differences may reinforce and perpetuate the many negative aspects of the problems of high risk learners. Research studies have found a disproportionate number of children from minority groups have been classified with labels indicating deviant functioning. Bilingualism adds to the problem.

9. Using people to administer screening whose attitudes and values are not supportive of the child. The personnel who do the testing may influence the results. This may be a greater problem when the examiner and the child are from different cultural or language backgrounds. When non-professionals are used adequate training is required since inadequately trained non-professionals may have anxiety about their own functioning and transmit this to the child. In addition, they may have expectations that are inappropriate for children of that age and stage of development.

Kindergarten screening is a tool, which, if used appropriately, helps the educator to plan more effectively for each child. It is part of the total educational process. It can never be a substitute for good teaching or a sound educational program, or most particularly, for individualized diagnosis and an educational program tailored to the child's need.

What can be accomplished by prekindergarten and kindergarten screening? Early identification of children who may have special needs changes the focus to prevention rather than remediation. Screening generates and reinforces and awareness of the range of individual differences among young children coming to school. It should lead school personnel to reexamine their expectations and curricular goals for the primary grades and to implement a total early identification program.

Screening facilitates communication that is child centered between teachers, specialists, administrators and parents. Communication among educators may also facilitate a multi-disciplinary approach for helping children with special needs.

The major thrust of kindergarten screening programs should be to identify children who may have special educational needs and to develop programs which are flexible enough to provide success experiences for each child as they move toward common educational goals

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